

You must register any claim within 30 days of completion of your travel. Please supply original documents of the evidence you intend to rely on for your claim, and send by registered post to ensure delivery.

Claimant Details **Claim Reference (if known)**

Title (Mr / Mrs etc) <input type="text"/>	First Name <input type="text"/>	Surname <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Nationality <input type="text"/>		Occupation <input type="text"/>	
Medicare Number <input type="text"/>	Parent / Guardian's Medicare Number (If medical claim is for a minor) <input type="text"/>		
Home Address <input type="text"/>		Home Phone <input type="text"/>	<input type="text"/>
		Work Phone <input type="text"/>	<input type="text"/>
		Mobile <input type="text"/>	<input type="text"/>
State <input type="text"/>	Postcode <input type="text"/>	Email <input type="text"/>	<input type="text"/>

Policy Details

Policy Number <input type="text"/>	Date Issued <input type="text"/> / <input type="text"/> / <input type="text"/>	Number of Travellers <input type="text"/>
Independent Travel Arrangements: Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If no, provide the following*:</i>	
*Travel Agent and Branch <input type="text"/>	*Tour Operator <input type="text"/>	
Date of Booking <input type="text"/> / <input type="text"/> / <input type="text"/>	Departure Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Return Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Country <input type="text"/>	Total Days <input type="text"/>	
	Resort / Town <input type="text"/>	

GST (for domestic policy claims only)

Are you registered for GST and did you claim a GST input tax credit on your premium? Yes No If yes, what is your input tax credit entitlement percentage: (i.e. a full entitlement is 100%)

It is against the law to submit a fraudulent insurance claim. If your claim is found to be fraudulent, the claim will be declined and Insurers will pursue recovery through the use of legal action.

- I / We hereby declare that all information, answers, and documents given in connection with this claim are true and correct to the best of my / our knowledge and belief. I / We have not omitted any material information, which would affect the Underwriters judgement of the claim. I confirm that where a claim or claims are made on behalf of others, I have their full authority to act on their behalf, and I confirm that I understand that Auto & General Insurance Company Limited will not accept responsibility if any payments are not distributed proportionately to the persons concerned.
- I / We understand that the information on this form will be passed to or used by Auto & General Insurance Company Limited for my insurance, this includes underwriting, processing, handling claims and preventing fraud and could include passing details to agents or other insurers. This includes access to my previous claims with other insurers.
- I / We assign all rights to Auto & General Insurance Company Limited and consent to them seeking reimbursement of any medical expenses paid by them.

For medical related claims:

- I authorise any doctor, hospital, travel insurer or other organisation or person having any records or information concerning my medical history or treatment to furnish such records or information as may be requested by Auto & General Insurance Company Limited or their agents. I understand that in executing this authorisation, I waive the right for such information / records to be privileged. I am also aware that such information / records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.

Privacy Statement

The personal and sensitive information collected in this form, and other information you or third parties provide in connection with this claim will be held, used and disclosed by us to process this claim, compile and analyse data, and resolve claim disputes.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health providers, investigators, our specialist advisors, service providers, or as required by law. Your personal information may also be disclosed to third parties in the countries and regions nominated under your policy, or any other regions where you may require assistance. For further information please see our privacy policy or email us at travelhelp@budgetdirect.com.au.

I have read and fully understand the declarations above (ALL persons claiming must sign)

Claimant's Name <input type="text"/>	Signature <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Claimant's Name <input type="text"/>	Signature <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

Travel Delay

Scheduled departure from the international departure point: Date / / Time AM PM

Place of scheduled departure Time of scheduled check-in for international departure AM PM

Departure from your home address or resort: Date / / Time AM PM

At what point in your journey did the delay occur / commence

Eventual travel: Date / / Time AM PM

If the claim is submitted as a result of a motor vehicle accident involving a third party, please provide their details and those of their insurers below.

Third party's name Insurer's name

Third party's address Insurer's address

Policy No Claim No

Other Insurance

Do you (or anyone else claiming) have any other insurance which may cover this trip. eg Travel insurance with your bank / credit card account, tour operator / travel agent or home contents insurance etc. (NB contribution payment is normal practice where 2 policies cover the same loss).

Yes No If yes, please supply the following details:

Company name and address

Policy Number

Has a claim been submitted to any other company for this incident: Yes No If yes, please provide details:

Bank Details

Should Auto & General Insurance Company Limited need to reimburse you we require your bank details.

Name of Account Holder

BSB Account Number

Documents You Need to Send Us – **SEND ORIGINAL DOCUMENTS BUT KEEP COPIES FOR YOUR RECORDS**

1. Evidence of travel showing names of all claimants and dates of BOOKED outward and return travel (booking invoice, travel tickets, itinerary etc.).
2. A letter from the transport company (airline, bus company etc.) with whom you were travelling when the delay occurred, detailing the cause and length of the delay you suffered.

If you are unable to supply any of the documentation requested please provide a written explanation as to why.

Additional space to continue any questions necessary

Empty space for providing additional information or questions.